2411 N. Charles St., Baltimore 95-0

03176

CERTIFICATE OF DEATH

ODKIN 1011	Reg. Dist. No.
1. PLACE OF DEATH: St. Marys	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants givoresidence of mother)
City or town. Leonard town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	State Maryland County St. Marys City or town Leonard town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or strool address where doath occurred:	Street No(If rursl, give LOCATION)
How long in hospital or institution?	2.(a) It voteran, namo war
3.(a) FULL NAME Edna J. Blackiston 4. Sex 5. Color or race 6.(a) Single, marriod, widowed, or divorced	3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or diverced	MEDICAL CERTIFICATION
female colored married	20. DATE OF DEATH March 25 19.45 215:30 Pm
6.(b) Hamo of husband of wife Andrew H.	21.1 CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of	and that I last saw h. alive on
doceased (mo., day, yr.August 15, 1886	Immediate cause of death
8. AGE: Years Months Days If less than one daymin.	(Aceese algalallar) 30min
9. Birthplace Maryland (Town, county, and state) 10. Usual occupation Housewife 11. Industry or business	Due to. Due to.
12. Name John Brooks 13. Birthplace Maryland	Other conditions
t4. Maldon marme Molie Weems 15. Birthplace Maryland	(Include pregnancy within 3 months of death)
5 15. Birthplace Maryland	Major findings of operations
16. informant A. Howard Blackiston	Autopsy results
Address Leonardtown	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial (Burial, cremation, or removal, Which?) Bate thereof. 3/28/45 (month) (day) (year)	22. VIOLENCE: It doath was due to external causes, fill in the following: Accident, suicide, or homicide
Cemotory or cromatory Our Ladys Chapel	Where did injury occur?
Localion Medley's Neck, Leonardtown, Md	Injured at home, farm, industry, public place (where?)
	Moans of tajury Injured at work?
18. Funerat director P.B. Robinson	77 00 1
Address Leonardtown, Md.	23. SIGNATURE LOCAL (1. Caccalicis
19. 3 76 1945 CBesseles (Date ree'd by registrar) Registrar	m. D. of other

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APR 4 1945 BUREAU V.S. The

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

3177

D N 281

	Reg. Dist. No.
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL NEAR and give town) Street address, hospital, or institution:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Stay in hospital or inst. (yrs., or mos., or days) Stay in this community (yrs., or mos., or days)	(If rural give LOCATION)
3. (a) FULL NAME Emanuel Carter	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH Morel 27 19 45 at 3 m
6 (b) Name of husband or wife6(c) If allve, give ageyears 7. Birth date of	21. I CERTIFY that death occurred on the date chove stated; that I attended deceased from Morch 2. 1941, to Morch 2.3. 19.45, and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION Conchrac Hamondage Zwiek
9. Birthplace	Due to
11. Industry or business Francisco Francisco Darles 12. Name William Barles 13. Birthplace Unknown	Other conditions Oneumonia at one of gelians
14. Maiden name Hester Carter. 15. Birthpiace unknown	(Include pregnancy within 3 months of death) Major findings: Of operations Please underling the cause to white
16. Informant	death should be charged statistically.
17. Burial (Burial, cremation, or removal. Which?) Cemetery or crematory Location At aur Cemetery Location Location Date thereof (month) (day) (year) (wear)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director E. L. Moblisson	Means of Injury Injured at work?

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TOWN SHIP TO STATE OF THE STATE

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APR 6 Mg

BUREAU V.S.

CERTIFICATE OF DEATH

03178

282 Reg. Diat. No.

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County St. Mary S			state Maryland County St.		
City or town Paturent River Maryland (If outside city or town limits, write RURAL and give nearest town)					
			Cily or town	AL aud give nearest town)	
	r street address where	leath occurred: Patuxent River, Md.	Street No.		
			(If rural, give LOCATION)		
		o hours	2.(a) if veteran, name war		
3. (a) FULL NAM	E		3. (b) Se	ocial Security Number	
Sus	an Marie Fl	TCH			
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFIC	ATION	
Female	White	Single	20. DATE OF DEATH. 16 March	19.145 at 10:50 A. M	
0 (1) 0 1	(Links)		21. I CERTIFY that death occurred on the date above stated; that		
			At intervals fromNov 49 444 to	16 March 19 45	
7. Birth date of			and that I last saw h.er alive on 16 Mar		
deceased (mo., day,	yr.) Novembe	er 3, 1946	Immediate cause of death Atypical oneum		
8. AGE: Year		Days If less than one day			
	4	13 hrsmin.		***************************************	
9. Birthplace Pat	tuxent Rive	er, St. Mary's, Md.	Due to Cachexia associated wit;	<u>a</u>	
			biliary fistula established	W	
10. Usual occupation			Due to surgically because of co	ngenital	
11. Industry or busines	None		anomaly of bile passages.		
12. Name Robert Burns Fitch 13. Sirtholace New Orleans, Louisiana			Other conditions	***************************************	
13. Birthplace	New Orlean	s, Louisiana			
当 14. Malden name.	Edna D.	Thoma	(Include pregnancy within 8 mouths of dea		
TO		Illinois	Major findings of operations		
15. Birthplace					
18. Informant	1	3. Fitch	PHYSICIAN: Please underline the cause to which death sho	all be about distribution	
Address	n. Value	cost Bines MA. VRI			
17 Busi		Date thereof 3/17/45	22. VIOLENCE: tt death was due to external causes, fill in the		
(Burial, cremation	The state of the s	asser () (sein () () () () () () ()	Accident, sutcide, or homicide		
Cemetery or cremato	ry Writing	15	Where did injury occur?(City or town) (C	ounty) (State)	
Location Comme	eg well	Ty more A	at home, farm, industry, public place (where?)	*************************************	
18. Funeral director	1. Q. R	. Mahil and		ed at work?	
.0		L One	E. Hottamellan		
Address	onard	amon that.	23. SIGNATURE E.G. HAMILTON, Lt. (1		
103/15	45	alexaler			
(Date rec's by re	gistrar)	Registrar	Address NAS, Patuxent River Mc	Date signed 16 Mar 115	

T. Bed Deck and Mark D. Bullet Land

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. Invarious Life to Y = 4.70

RECRETE AFR 4 1945

BUREAU V.S.

2411 N. Charles St., Baltimore (183)

03179

CERTIFICATE OF DEATH

Reg. Dist. No. 287

1. PLACE OF DEATH: County St. Mary's County City or town Paturent River Maryland (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Kentucky County	1000000
How long in above place of death? Four (4) months Hospital, institution, or street address where death occurred: U.S. Naval Air Station	Sireet No. 2023 Murray Avenue	
How long In hospital or institution?	(If rural, give LOCATION) World War II	<u> </u>
3.(a) FULL NAME FREEMAN. Jay Clay 957 23 08	3. (b) Social Security Number	
4. Sex 5. Color or race 8.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION	
Male White US Married	20. DATE OF DEATH 30 March 19 45 at 1710	PM
8.(b) Name of husband or wife Bonita J. Freeman	21. I CERTIFY that death occurred on the date shove stated; that I attended deceased from	8
6.(c) If alive, give ageyears	Not attended 19	
7. Birth date of	and that I last saw h im god 31 March 194	.D
deceased (mo., day, yr.) September 12, 1913. 8. AGE: Years Months Days If less than one day	Immediate cause of death	
31 6 18 hrs. = min.	DROWNING	
9. 8irthplace Mexico, Missouri (Town, county, and state)	Due to	••••••
1D. Usual occupation Sailor 11. Industry or business U. S. Navy.	Que to	
12. Name	Other conditions	
	(Include pregnancy within 3 months of death)	
14. Malden name	Major findings of operations.	
≥ 15. Birthplace		
16, Informant	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address 17. Romova (Footelion at thereof	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Accident to ate of 3-30-45. Where did injury occur? VR-8. Basin St. Mary's Mid. (City or town) (County) Injured et home, farm, industry, public place (where?) NAS Patuxent Means of injury Drowning Injured at work? H. K. MOORE. Lt. (MC) USN	Riv S.
19. 4/2 45 Caceles (Date ree'd by registrar) Registrar	M. D. or other	45

APR 4 1945
BUREAU V.S.

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	226	is	sh	OWO	on	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934

03180

FILM No. G. 9 4 MAY 1.5 1945 CERTIFICA	TE OF DEATH Reg. Dist. No. 787
1. PLACE OF DEATH: County Amazago	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County State Maries Mg
How long in above place of death?	(If ontside city or town limits, write RURAL and give nearest town) Street No.
How long In hospital or institution?	(If rural, give LOCATION) 2.(a) if veteran, name war
Many Dent Hancock	3. (b) Social Security Number
4. Sex 5. Color or race 6.(α)Single, married, widowed, or divorced 25 Willows 9	MEDICAL CERTIFICATION 20. DATE OF DEATH MUCK. 2 1945 at 3 30 Pm
8.(6) Hame of husband or wife. Also As Co. LY 8.(c) If alive, give age years	2f. I CERTIFY that death occurred on the date above stated; that attended deceased from
7. Birth date of deceased (mo., day, yr.) Dec 10 - 1867	and that t last saw harman las
8. AGE: Years Months Days If less than one day -28-77 2 26	Blica Herry and the
9. Birthplace Leat mills st marepico md	Due to.
10. Usual occupation. Agrice wife	Due to.
11. Industry or business 12. Name Thomas Dent 13. Birthplace Lt Marsh Co	Dther conditions.
14. Maiden name assura Tr allstone 15. Birthplace At Marita ex	(Include pregnancy within 3 months of death) Major findings of eperations.
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Address 5/5 Landhunet St Bolto M.O.	Actopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal. Which?) Date thereof. McM. 5-1945 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory. St. Jasepha	Where did injury occur?
Location Man famme My	Injured at home, farm, Industry, public place (where?)
Address Fernandown Ma	Troub a. (umalus)
19. 3 4 19.45 Canadia Registrar	23. SIGNATURE M. D. or other M. D. or other Addres Deate signed 4/45

SEPTEMBERS TO ATAR STREET

APR 4 1945 BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 370

CERTIFICATE OF DEATH

03181

Reg. Diat. No. 282

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	had strange
(If outside city or town limits, write RURAL and give nearest town)	Manager and Mark
How long in above place of death?	(If outside city or town limits, write RURAL and rive nearest town)
Hospital, Institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Cof widower	2D. DATE DE DEATH MEDICAL CERTIFICATION
256	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(6) Name of husband or wife	21.1 CENTER THAT BOTH OCCUPYED ON THE DATE ABOVE STATED, THAT I ATTEMPTED DECEASED FROM
7. Birth date of	Se A ATT WAY
deceased (mo., day, yr.) From Annothing	1 . 7
8. AGE: Years Months Days It less than ooe day	
aft SK - min.	
9. Sirthplace	Due to. Carolate les Sal persones
2 hand	The state of the s
11. Industry or business any Industrial by	Due to.
12. Name	Other conditions.
14. Maiden name	(Includu pregnancy within 3 months of death)
5	Majur findings of operations
🕱 15. Birthplace	
16. Informant Man Zerberg Staff	Autopsy results
Address Lines Stown And	PHYSICIAN: Please underline the cause to which death shuuld bu charged statistically.
R 10 11/3/15	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereot	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Desidence States St. H. M. M. C. March	Injured at home, farm, Industry, public place (where?)
18. Funeral director. July a Standard Burger	Means of Injury Injured at work?
Address Jeonasatoron Man	as CIONATURE & J. G. Soenwell
19. 3/14 1945 Caually (Date fee'd by registrar) Registrar	Address Andreas M. D. or other

DEPLACE TO VACUETARING REALIZABLE AND AVAILABLE

MENTER PEACES OF DENCE

APR 4 1945 BUKEAU V.B.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3/2)

CERTIFICATE OF DEATH

	Part of the second
1. PLACE OF DEATH, Saufi	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. A Sura Assistants MA Assault 1. (If outside city or town limits, write RURAL and give nearest town)	State Maryluss County De Mary
How long In above place of death? 3 Lease	City or town. (If outside city or town limits, write RURAL and give nearest town)
Nospital, Institution, or street address where death &ccurred:	Street No
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Joseph Edward Hill	
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white Widower	20. DATE OF DEATH March 14 19.45 21
B,(6) Name of husband or wife. S. S. a. Wood Hill	21.1 CERTORY that death occurred on the date above stated: that Lattended deceased from
	19 5 to Class 6 19 5 5
7. Birth date of deceased (mo., day, yr.) Mark 6 - 1861	and that I last saw halive on
8. AGE: Years Months Bays If less than one day	Immediate cause of death
83 10 14 hrs. min.	Whose Met Duran
	-
9. Birthplace Sand Jates It Mary Lo M. C. (Town, county, and state)	Due to
10. Usual occupation 32 annual	
11. Industry or business	Due to.
12. Name	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name 3	Major findings of operations.
7. 6 ' o d	- Bate of op.
18. Informant Manual Lacy	Antopsy results
Address Jennaedtown Md R. F. D. 7	22 VIOLENCE, if death was due to external source fill in the following:
(Burial, cremation, or removal. Which?) Bate thereof March 23 / 9 / (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Sacred Heart Cemetery	Where did injury occur?
1.1 11- 11 1	Where did injury occur? (City or town) (Connty) (State)
Location Dust W The	Injured at home, farm, Industry, public place (where?)
18. Funeral director. W. C. Hallany C. S.	Means of Injury Injured at work?
Address Semantions mil	23. SIGNATURE / saech a. Caerelu
19. 9./2. 2 19/5 George (Date rec'd by registrar) Registrar	M. D. or other

TRY MELVIOD ArR 4 1945 BUREAU V.S.

K. Supply every item of information carefully. The correct age

PLEASE WRITE PLAINLY, WITH UNFADING IN

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 90

03183

CERTIFICATE OF DEATH

eg. Dist. No.

1. PLACE OF DEATH: County St. Marys	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Mechanics Vible, (rural) (If outside city or town limits, write RURAL and give nearest town)	State Maryland County St. Marys City or town Mechanics ville		
How long in above place of death? Rospital, institution, or street address where death occurred:	(If ootside city or town limits, write RURAL and give nearest town) Street No		
How long in hospital or institution?	2.(a) 11 veleran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Sallie R. Holly	none		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced female colored widowed	MEDICAL CERTIFICATION 20. DATE OF DEATHMarch29th		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of deceased (mo., day, yr.) June 14, 1892	and that I last saw halive on		
8. AGE: Years Months Days If less than one day 52hrsmin.	Immediate cance of death DURATION		
9. Birthplace	Due to Syspiles		
12 Name William Holly 13. Birthplace Maryland	Other conditions		
14. Malden name Rose Baker 15. Birthplace Maryland	Major findings of operations		
16. Informant Edward Lyles Address Mechanicsville	Autopsy results		
Burial (Borial, cremation, or removal, Which?) Cemetery or crematory. St. Joseph Location Morganza, Md.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
18. Fueral director. P. B. Robinson Address Leonardtown, Md. 19. 3/30 (Date/rec'd by registrar) 19. Registrar	23. SIGNATURE THE CANADA THE MAN DO OF OTHER Address MAN CANADA STATE OF THE ADDRESS SIGNED THE STATE OF THE		

APR 4 1945

BUREAU V.S.

A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

CERTIFICATE OF DEATH

03184

Reg. Dist. No. 282

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infente give residence of mother)	
County Talifa Mary and	State Manifand County of March	******
(If outside city or town limits, write RURAL and give nearest town)	California markle	nel
How long in above place of death?	(If ontside city of town limits, write RURAL and give nearest	town)
	Street No. (If rural, give LOCATION)	7378
How long in hospital or institution?	2.(a) If veteran, name war. World War ff	•••••
3. (a) FULL NAME	3. (b) Social Security Nun	aber
alexander Jacobson		
4. Sex 5. Color or race (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
marcel while married	20. DATE OF DEATH 711210 17 24 5 at	9.30 P. M
8.(6) Name of husband or wife Velsma May Jacufson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased	from
8.(c) if alive, give age	Mary 19 19 10 Application	19. F. S.
7. Birth date of deceased (mo., day, yr.) PCF 8- 1884		19. 7. 72
8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION
5-8 3- 9hrsmln.	aus euria	Ly charce
9. Birthpiace Rufa Country Russice	Due fo.	
(Town, county, and state)	Chronic Sencacuia	everal
10. Usual occupation	Oue to	usures
11. Industry or business		
12. Name		
	(Include pregnancy within 8 months of death)	
14. Maiden name	Major findings of operations.	
7. 7/1	Date of op	**********************
16. Informant March State May Jacobson	Antopsy results	
Address California 1 ma	22. VIOLENCE: If death was due to external causea, fill in the following;	
(Burial, cremation, or removal. Which?) Oate thereof // Well 2 (year)	Accident, suicide, or homicide	********************
Cemetery or crematory. a linflow Commetens	Where did injury occur?	ate)
Location welvingtons Va	Injured at home, farm, industry, public place (where?)	
18. Funeral director M. Mattinger Sout	Meana of Injury Injured at work?	
Address Segrandown Manylund	plant & Finds	7
near 20 45 Cherralia	23. SIGNATURE M. D. or oth	tor
(Date rec'd hy registrar) Registrar	Address Desurrollown, Med. Date signed 3	24/45

DESCRIPTION OF THE RESIDENCE OF THE RESI

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APR 4 1945

BUREAU V.S.

2411 N. Charles St., Baltimore 17-6

03185

CERTIFICATE OF DEATH

Reg. Diat. No. 287

1. PLACE OF DEATH: County St. Marys City or town St. Inigoes (Rural) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland St. Marys City or town (If outside city or town limits, write RURAL and give nearest town) Sireel No (If rural, give LOCATION) 2.(a) It veteran, name war
James Robert Lee	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced single	MEDICAL CERTIFICATION 20. DATE OF DEATH March 6 19.45 219:30P.m
5.(6) Name of husband or wife	and that I last saw h. And alive on 19.7
8. AGE: Years Months Bays II less than one day	Immediato cause of death DURATION Tuberculous of fourts 6 Miss
9. Birthplace Maryland (Town. county, and state) 10. Usual occupation Waterman 11. Industry or business	Due to
Joseph K. Lee 12. Name. Joseph K. Lee 13. Birtholace Maryland	Dither conditions
Julia Greenwell 14. Malden name Julia Greenwell 15. Sirthplace Maryland Clifton Lee	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Clifton Lee Address St. Inigoes	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial Date thereof 3/8/45 (Burial, cremation, or removal, Which?) Cemetery or crematory St. Peters Location Ridge, Md.	22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide
18. Fueral director. Ernest L. Robinson Address Dameron, Mit. 18. 3 7 (5) Caccalculation (Datyrec'yby registrar) Registrar	Means of Injury Injured at work? 23. SIGNATURE M. D. or other Address. Dato signed 3-7-45

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BURFAU V.S.

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2411 N. Charles St., Baltimore

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03186

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eg.	Diat.	No.	10	

FILM No. G 9 4 MAY 15 1943 CERTIFICAT	E OF DEATH Reg. Diat. No.		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)		
City or town. (If ojiside city or town limits, write RURAL and give nearest town)	State		
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give negrest town) Street No. 1 3		
Hospital, institution, or street address where death occurred:	Street No. 127 43 - 6th ST I Washington Alla		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(g) If veteran, nama war		
3. (a) FULL NAME Joseph Edward Ine	3. (b) Social Security Number		
4. Sex 5. Color of race (6.(a) Singlé, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white willowed	2D. DATE DE DEATH MAN 19 19 19 19 19 19 19 19 19 19 19 19 19		
8.(6) Name of husband or wife Sensue Mirele	21. I CERTIFY that death occurred on the date above stated; that i attended deceased from		
	Man 17th 18th 3 to 18		
7. Sirth date of deceased (mo., day, yr.)	and that Piect call have on 19.		
8. AGE: Years Mohihs Days If less than one day	Immediate cause of death DURATION DURATION		
33 30 2 16	<i>A A</i>		
9. Birthplace Spulls (Town, county, and state)	Due to John his first has better the		
	Suggest Start Blastla		
1B. Usual occupation. Labor family	Due to German To & Will Many		
11. Industry or business	Lamisidal a Center		
12. Name Charles Merch 13. 81rthplace Lowden Co Va	Dther conditions		
\$ 13. 8irthplace Lowden Co Va			
E 14. Malden name Chatella	(Include pregnancy within 8 months of death)		
15. 8irthplace Louder Co. V.C.	Majer fiadings of operations		
15. 8 Irthplace			
16. Informant GUSIL W. MITCHT	Autopsy results		
Address Vla 6-17 Colours Court	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
- Regard Never pall Ming Js	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal, Which?) Data thereof (month) (day) (year)	Accident, suicide, or homicide. Romacides. Date of		
Cemetery or crematory	Where did injury occur?		
Location Temperature mill	Injured at home, farm, industry, public place (where?)		
10 Smaldware Delm to her Thinkled Son	Meens of Injury Injured at work?		
18. Funeral director	1 - 00		
Address funas afterin ma	23. SIGNATURE THE GLANT TREESAMULATION		
19. (Date rec'd hy registrar) Registrar	Address		

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CERTIFICATION OF THE ACTION

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APR 4 1945

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

03187 Reg. Diat. No. 282

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboro infants give residence of mether)		
City or town. (If outside city or town limits, write RURAL and give nearest town)	State 24 anglassel county At Maryli		
How long in above place of death?	(1f outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No.		
How long in hospital or institution?	(If rural, give LOCATION) 2.(d) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Joseph allen hovris			
4. Sex / 5. Color or race 6.(a) Single, married, widowed, or divorced male White Wildows	MEDICAL CERTIFICATION 2D. DATE DF DEATH MAN 3 19X5 142 PM		
B.(b) Name of husband or wife Fella Morris	21. I CEMPIFY that death occurred on the date above stated; that littended deceased from		
7. Birth date of	and that I last saw h alive on 2005		
deceased (mo., day, yr.) 8. AGE: Yeers Months Days If less than one day	Immediate cause el death		
8. AGE: Yeers Months Days If less than one day	1/x/Dec - 1/8 Colored		
	www-jecusay		
9. Birthplace (Town, coonty, and state)	Due to		
1B. Usual occupation Walerman	Due to		
11. Industry or business			
12. Name Atm Novel's Go	Other conditions		
2 13. Birthplace It marify, Co	(Include pregnancy within 8 months of death)		
14. Maiden name John Cheseldhare	Major findings ol operations		
\$ 15. Birthplace It Marys en			
18. Informant Johns Fire Lean Cist May Till	Autopsy results		
Address 25-5-5 West Las Casellean	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Borial, crematico, or removal, Which?) (Borial, crematico, or removal, Which?)	Accident, suicide, or homicide		
Cometery or exemptory Sacsacl Heart Consistency	Where did injury occur?		
Location Bush would my	Injured at home, farm, Industry, public place (where?)		
18. Funeral director M. C. And Marketines less of the start of	Means of injury Injured all work?		
Address Leonardtown & mal	Obushil I was		
10 3-3- 10 45 Camellin	23. SIGNATURE M. D. or other		
(Date rec'd by registrar) Registrar	Address Vegrandlon Date stened 3/3/45		

HUNDA DE TRANSPORTE DE METERS

APR 4 1945
BUREAU V.S.

1. PLACE OF DEATH:	2. USUAL RESII
City or town (If outside city or town limits, write RURAL and give nearest town)	State. My
How long in above place of death?	City or town
Rospital, Institution, or street address where death occurred:	Street No
How long in hospital or institution?	2.(a) If veteran, name
3. (a) FULL NAME	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	uense
finale white single	20. DATE DE DEATH
6.(6) Name of husband or wife	21. I CERTIFY that de
7. Birth date of	and that I last saw h.
deceased (mo., day, yr.) /8 7 6	= Immediate cause of
8. AGE: Years Months Days If less than one day	Cerbon
9. Birthplace Many land	Due to.
(Town, county, and state)	
1D. Usual occupation	Due to
	Diher conditions
13. Birthplace Manyland	(Inc
14. Maiden name Sarah J Busanghs	Major findings of op
2 15. Birthplace Manylages	-
16. Informated Mylliaguel Sichle	Astopsy results PHYSICIAN: Please
Address Lieat Mille	22. VIOLENCE: If d
(Burial, cremation, or removal. Which) Date thereof	Accident, suicide, or
Cemetery or crematory Hall Face	Where did injury occ
00 - 1 0 21	
Location Sheet milly	Injured at home, farm

(Date rec'd by registrar)

Evidence for verification MARYLAND STATE DEPARTMENT OF HEALTH
of sex of deceased is shown on 2411 N. Charles St., Baltimore 222 2411 N. Charles St., Baltimore

03188

(If outside city or town fimi	ts, Write RURAL and give	nearest town)
treet No(If mral, giv	re LOCATION)	
(a) If veteran, name war		
	3. (b) Social Securi	t- Number
	J. (b) Docial Becall	ty Musiloei
MEDICAL	ERTIFICATION	
D. DATE OF DEATH March	13.4	5 at 16 il 6 P
1. I CERTIFY that death occurred on the date at		
March 10 19	46 10 Man	13 1945
nd that I last saw halive on	march	19.45
		DURATION
Certal Know	hage	3 days
	······································	
ue to		
ze to	g g g g b 0	
	***************************************	***************************************
her conditions Equilate	· · · · · · · · · · · · · · · · · · ·	60 years
(Include pregnancy within 3	months of death)	
ajor findings of operations		
	Date of op	
stopsy results	***************************************	9
HYSICIAN: Please underline the cause to w		ed statistically.
2. VIOLENCE: If death was due to external ca		
ecident, suicide, or homicide		*************************
here did injury occur?(City or town)	(County)	(State)
	where?)	
jured at home, farm, industry, public place (v		

APR 6 1945 BUREAU V.S.

2411 N. Charles St., Baltimore 8370

03189

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:			e mare	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r	DECEASED:	
County St. Marys			arys	Slate North Carolina Mecklenburg		
City or town Leonard town (If outside city or town limits, write RURAL and give nearest town)		Charlotte				
How long in above place Hospital, Institution, or	of death?	leath occurre	d:	17 Ulty Of TOWN		
		2.(a) If veteran, name war		/		
How long in hospital or institution?				2.(b) 11 veteran, name wat		n. 1
	John Irw	in Ri	tch		3. (b) Social Security 253-26-8	
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
male	white		married	20. DATE OF DEATH March 3	19.45	.12:45Pm
6.(b) Name of husband			(c) II alive, give ageyear	21. I CERTIFY that death occurred on the date about	re stated: that I attended de	ceased from 2. 18 45
7. Birth date of deceased (mo., day, ye	Tune		1886	and that I last saw h. Communative on		
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death		and the second second
58		481	hrsmin	Cerebra D Hemen	hace	2/25/84
9. Birthplace	North Ca:	rolir	18	Due to		
	(Town, c	county, and	state)			
10. Usual occupation Civil engineer		Due to arteral hyperten	ern .			
11. Industry or business		T. F	litch	Bither conditions accurecular Rela	Metron	March
12. Name	North C	aroli	.na			1945
	Elizab	eth N	. Lemmond	(Include pregnancy within 3 n		
14. Malden name 15. Birthplace	North C	*************************	************************************	Major findings of operations		******************************
3.6	adeline			. Autopsy results Nime done	Bate of op	
10. tatormant		•••••	. Charlotte, N.	II and the second secon	ich death should be charge	d statistically.
17Transpo			reol 3/(3/45 (month) (day) (year)	22. VIOLENCE: If death was due to external cause. Accident, suicide, or homicide		
Cemetery or cremator	Elm W	ood		Where did injury occur?(City or town)	(County)	(State)
The state of the s	rlotte,			A to to the state of the state of the		
18. Fuoeral director			son		tnjured at work?	
					01No1/200	
1 1 -	onardtow		/ //	23. SIGNATURE alayems	M 13	o, or other
19. 3 3 (Date yee'd by rea	19 40		anulus Registra	Address Cheffico 11	(cl Date signe	3/4/45

APR 4 1945 BUREAU V.S.

Mark and the second of the second of

2411 N. Charles St., Baltimore /08

CERTIFICATE OF DEATH

Reg. Dist. No. (H) & La

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)
City or fown I have a darlet	State County Stime and
City or fown	City or town. (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RUKAL and give nearest town) Street No.
	(If rural, give LOCATION)
How long in hospifal or institution?	2.(a) It veterae, name war
3. (a) FULL NAME.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
in ed Single	20. DATE OF DEATH Ward 20 19.45 21.5 a. M
8.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	1-2-9-18-45
7. Birth date of deceased (mo., day, yr.)	and that t last saw h
8. AGE: Years Months Days It less than one day	Immediate cause of death CO LONG DURATION
8 1 11 1 3	
8. Sirihpiace	Due to Alan June 2007
1D. Usual occupation.	Due to
11. Industry or business	
12. Name 1 Line and	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Malden name. 2	Major findings af operations.
E 15. Birthplace	Date of op.
16. Interment Hrane's Sewant	Autopsy results
Addressy 2 > of you we wante	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Been Bate thereof 3 722 415	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director	Means of Injury Injured af work?
Address Chapter	TW V6 alum
10. 3-21- 1044 N. Value	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address Comment Date signed 3 21 111

APR 6 1945 BUREAU V.S.

2411 N. Charles St., Baltimore (3/2)

03191

CERTIFICATE OF DEATH

Reg. Diat. No. 282

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother)		
County	De le Person 1		
City or town(If outside city or town fimits, write RURAL and give nearest town)	State		
How long in above place of death?	(If outside city or town limits, write LURAL and give	nearest town)	
Hospital, institution, or street address where death occurred:			
st mary forful	Street No(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Secur	ity Number	
Joseph Henry Williams			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white married	20. DATE DF DEATH Musch 2 2nd 18.4.	5 , 11 H 15 P M	
8.(b) Name of husband or wife Rose m. Williams	21. I CERTIFY that death occurred on the date above stated; that I attended		
	February 15 1945 10 Mass		
7. Birth date of decased (mo day yr.) / OCA 6 14 1886	and that I last saw h. And alive on March	19 75	
deceased (mo., day, yr.) 8. AGE: Years Months Days if less than one day	Immediate cause of death	DURATION	
58 4 24mia.	Chibral of emorrage	2 days	
	Charie Huga landers	Marchal	
9 Birthpiace	Due to.	Meass	
10. Usual occupation	Bue to Chronic prophritis	1 la resol	
11. Industry or business	Bue 10	yrs.	
	Diher conditions		
12. Name William H. Williams 13. Birthplace St. mans Co. ms			
	(Include pregnancy within 8 months of death)		
14. Maiden name Alice Wattingly 15. Birthplace St. Many! Co. Lud.	Major findings of operations		
\$ 15. Birthplace St. Many Co. Tude	Date of op		
16. informant Russes Roses M. Hellesses	Antopsy results	and statistics No	
Address Leonandours, ma		geo statisticany.	
17. Berial Date thereof 3-5-45	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burini, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur?(City or town) (County)	(State)	
Location Department 2003	Injured at home, farm, industry, public place (where?)		
18. Funeral director Tha C. Mattingley Sons	Means of injury Injured at work?		
Address Leonardtown shot	22 SIGNATURE Robert V. Fucho.	N.D.	
3/4- 42 / / / / / / / / / / / / / / / / / /		D, or other	
19. Contained by registrar) (Date/rec'd by registrar) Registrar	Address Steamer Ottom Med. Bate sign	ed 3/2/45	

